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CONFIRMATION NO. 9454

Bib Data Sheet

SERIAL NUMBER 09/832,269	FILING OR 371(c) DATE 04/10/2001 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 3614/174
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APPLICANTS

Gholam Peyman, New Orleans, LA;
Alan Y Chow, Wheaton, IL;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 05/15/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY LA	SHEETS DRAWING 1	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

KENT E. GENIN
BRINKS, HOFER, GILSON & LIONE
P.O. BOX 10395
CHICAGO, IL 60610

TITLE

RETINAL TREATMENT METHOD

FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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** FOREIGN APPLICATIONS *****

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** SMALL ENTITY **

GRANTED ** 05/15/2001

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USC 119 (a-d) conditions et al.	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Z.F			
Identified and acknowledged	Examiner's Signature	Initials			

ADDRESS

Beverly A. Lyman
Wood, Herron & Evans, L.L.P.
2700 Carew Tower
441 Vine Street
Cincinnati, OH 45202-2917

TITLE

Retinal treatment method

FILING FEE RECEIVED 364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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